RECEIVED CENTRAL FAX CENTER

JUL 1 7 2008

PATENT ATTORNEY DOCKET NO. 2003P19276 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Johannes Ruetschi)
Serial No.: 10/812,553	CERTIFICATE OF FACSIMILE TRANSMISSION
Filed: March 30, 2004	The undersigned hereby certifies that this document is being facsimile transmitted to the fax number and
Title: PRESENCE BASED SYSTEM PROVIDING IDENTITY CONTEXT REMINDERS	date given below.) Date Transmitted:
Group Art Unit: 2617	By:
Examiner: Matthew C. Sams	Jeanette L. Paplin

REQUEST FOR CONTINUED EXAMINATION

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Jul 17 08 03:14p

Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

TIME REQUEST IS BEING MADE

1.		<u> </u>	st is being submitted:
	i.	[X]	Prior to abandonment of the application
	ii.	[]	With payment of the issue fee
		[]	Prior to payment of issue fee
		[]	Issue fee has been paid but a petition under §1.313 has been granted
	iii.	[]	Prior to a decision on appeal to the Board of Patent Appeals & Interferences
		[]	A notice is being separately sent to the Board of Patent Appeals & Interferences that this Request for Continued Examination is being filed.

07/18/2008 HMARZI1 00000009 192179 10812553

01 FC:1801

810.00 DA

RECEIVED CENTRAL FAX CENTER

JUL 1 7 2008

Atty Dkt No.: 2003P19276 US

Serial No.: 10/812.553

ENCLOSURES

2. En	closed h	erewith	is/are:
-------	----------	---------	---------

[X] A Petition for Extension of Time for one (1) month
 [X] Please enter the Amendment submitted: May 16, 2008
 [] Please enter the enclosed Preliminary Amendment
 [] An Information Disclosure Statement with PTO-1449.

[] New arguments

New evidence in support of patentability

[] Other:

FEE FOR REQUEST (37 C.F.R. §1.17(e))

3. [x] Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	x Rate	 Additional Fees	
Total Claims	26	-26	=0	X \$ 50	\$ 0.00	
Indep. Claim	5	-5	=0	X \$210	\$ 0.00	

[] First Presentation of a Multiple Dependent Claim	x \$300	\$ 0.00

Г		
1	Basic filing Fee	\$ 810.00
-	 	

Total	\$ 810.00	

4. [x] Please charge Deposit Account No. <u>19-2179</u> in the amount of \$ <u>810.00</u>. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. <u>19-2179</u> pursuant to 37 C.F.R. §1.25.

PLEASE MAIL CORRESPONDENCE TO:

Siemens Corporation
Customer Number: 28524

Attn: Elsa Keller, Legal Administrator Intellectual Property Department

170 Wood Avenue South

Iselin, NJ 08830

Respectfully submitted,

David D. Chung, Reg. No. 38,409

Direct Dial: 408-492-5336 Dept Fax: 408-492-2473